



Town of Stow
380 Great Road, Stow, MA 01775
Assessors: (978) 897-4597
COA: (978) 897-1880

PROPERTY TAX WORK-OFF PROGRAM
(General Laws Chapter 59 Section 5K)

Fiscal Year 2023 APPLICATION – LONG FORM
(FOR NEW APPLICANTS)

This application is not open to Public Inspection

NAME: _____ TEL. #: _____
PLEASE PRINT

EMAIL: _____

ADDRESS: _____ STOW, MA 01775

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

Do you own and occupy your Stow home and is it your principal residence (which you pay taxes on)? YES ____ NO ____

SOURCES OF INCOME FROM 2020 CALENDAR YEAR

Please provide verification for all sources of income)

| <u>SOURCE:</u> | <u>GROSS ANNUAL AMOUNT:</u> (Total Household) |
|--|--|
| Wages, Salaries, and other Compensation..... | \$ _____ |
| Interest..... | \$ _____ |
| Ordinary & Qualified Dividends..... | \$ _____ |
| Capital Gain..... | \$ _____ |
| IRA Distributions..... | \$ _____ |
| Pension & Annuities..... | \$ _____ |
| Rental Income..... | \$ _____ |
| Social Security Benefits..... | \$ _____ |
| Supplemental Security Income (SSI)..... | \$ _____ |
| Other Income..... | \$ _____ |
| TOTAL GROSS ANNUAL INCOME FROM ALL SOURCES: | \$ _____ |

Applications should be filled out using the exact figures from the applicant's Income Tax Form from the previous year. Please **attach a copy of your 2020 Federal Income Tax Returns** to determine eligibility for this program. (If you did not file taxes, submit an estimate of Gross Annual Income for 2020.)

Positions are available in a variety of Town Departments. Please indicate in which areas you would prefer to work. (Please check all potentials departments).

COA Office ___ Town Building ___ Schools ___ Library ___ Other: _____

Work History: Please attach a resume or list any significant work experience and/or education and training, past experiences, which might qualify you as a participant in this program. You may include any applicable hobbies and/or community and volunteer work. Please include the organization's name, job title, responsibilities and
of years of service.

Do you have any medical or physical limitations that might limit your ability to do certain kinds of work? Please explain:

What hours are you available to work? *(Check all that apply.)*

Mornings ___ Afternoons ___ Evenings ___

What days of the week are you available to work? *(Check all that apply.)*

Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays ___ Sat/Sun ___

What type of working conditions are you interested in? *(Check all that apply.)*

[Office ___ Outdoors ___] [Independent ___ Interactive ___] [Quiet ___ Busy ___]

What general type of work are you interested in? *(Check all that apply.)*

Clerical/Administrative ___ Physical Labor/Skilled Maintenance ___ Other: _____

Do you have experience in any of the following areas? *(Check any that apply.)*

| | | | | | |
|----------------------|-----|-----------------|-----|------------|-----|
| Clerical/Secretarial | ___ | Accounting | ___ | Teaching | ___ |
| Reception/Telephone | ___ | Word Processing | ___ | Data Entry | ___ |
| Building/Grounds | ___ | Spreadsheets | ___ | Computers | ___ |
| Maintenance | | | | | |

If you have experience with computers, please describe the type of computers and software programs used:

EMERGENCY CONTACTs: (Please be sure to give the name, address, and phone # of **TWO** persons to be notified in case one cannot be reached).

NAME 1: _____ TEL. #: _____

ADDRESS: _____

NAME 2: _____ TEL. #: _____

ADDRESS: _____

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

If I am accepted as a participant in the Stow Property Tax Work-off Program, I understand that rate of pay cannot exceed the State minimum wage, which is currently **\$13.50** per hour for calendar year 2021 and **\$14.25** for calendar year 2022. The maximum yearly benefit per household is **\$1,500** (which is approximately 105 to 111 hours, depending on the months worked) and will be credited as a reduction to my Town of Stow Real Estate tax bill for fiscal year **2023**, after federal Medicare and OBRA deductions.

Participants **MUST** observe the rules of confidentiality. Confidentiality means that anything seen or heard during work assignments that relates to other town residents or employees **MUST NOT** be shared with anyone.

Applicant's Signature

Date

The Town of Stow reserves the right to discontinue a volunteer's participation in the program if the Town deems the volunteer's participation to be detrimental to the volunteer, the program, or the Town.

Once completed, please return this application with a copy of your most recent Federal Income Tax Return to the Assessors' Office at 380 Great Road.

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ASSESSORS' USE ONLY

The applicant: Meets _____ Does Not Meet _____ the qualifications for the Property Tax Work-Off Program.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Board of Assessors